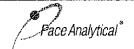
Mt. Iron, MN 55768 Required Client Information: Company: USS Corporation Address: P.O. Box 417 equested Due Date: WS-002 Scrubber Make-Up WS-003 Thickner Overflow One Character per box.
(A-Z, 0-9/, -)
Sample lds must be unique **SAMPLE ID** E ax MATRIX
Drinking Water
Water
Water
Waste Water
Product
Soil/Soild
Oil
Wipe
Air
Other
Tissue Copy To: Repart To: Tom Moe Project #: Purchase Order #: Project Name: TS OF AREA COME WΤ WΤ MATRIX CODE (see valid codes to left) SAMPLE TYPE (G=GRAB C=COMP) NPDES-LINE 3 Wkly 54,30 91/1/3 St. 380 91/13 5-1176 08:20 8-11708/50 almost DATE START TIME COLLECTED SIGNATURE of SAMPLER: PRINT Name of SAMPLER: CHAIN-OF-CUSTODY / Analytical Request Do

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must

MOLITY 1255906 DATE S 31/16 T N SAMPLE TEMP AT COLLECTION Section C Invoice Information: Pace Quote: Attention: Pace Project Manager:
Pace Profile #: Address: Company Name: # OF CONTAINERS 17/00 Unpreserved aulmost le H2SO4 ниоз 1 custours HCI NaOH Na2S2O3 heather.zika@pacelabs.com, Methanol LAB FILTERED: SO4 DATE Signed: Lab FILTERED: Ca,Mg,Haro CLIENT USS CORP 5/11/16 1700 S 0,29 TEMP in C Residual Chlorine (Y/N) Received on LF,LF ice (Y/N) Custody Sealed Ş Coaler (Y/N) Samples Ţ, Intact (Y/N)

ITEM #



Document Name: Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.09 Document Revised: 23Feb2015 Page 1 of 1

Issuing Authority:

Pace Virginia, Minnesota Quality Office

Sample Condition Client Name: Upon Receipt			Project #	
Courier: Fed Ex UPS Commercial Pace	USPS Other:	•	lient	1265906
Tracking Number:				- KER ZERGE STEEL
Custody Seal on Cooler/Box Present? Yes	0	Seals Ir	_	Yes Optional: Proj. Due Date: Proj. Name:
Packing Material: Bubble Wrap Bubble Bags	i ∐No	one 🛭]Other:	†uap d Temp Blank? ₽Yes □No
Thermometer Used: 🛮 140792808	Type of	Ice: Æ	Wet [Blue None Samples on ice, cooling process has begun
Cooler Temp Read °C: 0 5 Cooler Temp Cor				Biological Tissue Frozen? Yes No ANA
Temp should be above freezing to 6°C Correction Facto	r: to.	<u> </u>	Date and	Initials of Person Examining Contents: 5/11/6107
	-1-4			Comments:
Chain of Custody Present?	Yes	□No	□N/A	1.
Chain of Custody Filled Out?	Yes	□No	□N/A	2.
Chain of Custody Relinquished?	<u></u> ¥Yes	□No	N/A	3.
Sampler Name and Signature on COC?	Yes	No	□N/A	4.
Samples Arrived within Hold Time?	∑Yes	□No	□N/A	5.
Short Hold Time Analysis (<72 hr)?	✓Yes	No	□N/A	6.
Rush Turn Around Time Requested?	Yes	No	□N/A	7.
Sufficient Volume?	Yes	□No	□N/A	8.
Correct Containers Used?	Yes	□No	□N/A	9.
-Pace Containers Used?	X]Yes	□No	□N/A	
Containers Intact?	∑ Yes	□No	□N/A	10.
Filtered Volume Received for Dissolved Tests?	Yes	□No	□N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	Yes	□No	□N/A	12.
-Includes Date/Time/ID/Analysis Matrix: WA				
	r		/T2	See pH log for results and additional preservation
All containers needing acid/base preservation will be checked and documented in the pH logbook.	Yes	□No	ØN/A	documentation
Headspace in Methyl Mercury Container	Yes	□No	ŪN/A	13.
Headspace in VOA Vials (>6mm)?	Yes	□No	ŪŽN/A	14.
Trip Blank Present?	□Yes	□No	VQN/A	15.
Trip Blank Custody Seals Present?	∐Yes	□No	₩ N/A	
Pace Trip Blank Lot # (if purchased):				
CLIENT NOTIFICATION/RESOLUTION				Field Data Required? Yes No
Person Contacted:				Date/Time:
Comments/Resolution:				
			····	

FECAL WAIVER ON FILE Y

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: Date: 5//5//
Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of

hold, incorrect preservative, out of temp, incorrect containers)